


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000008276			
1. Entity Name BASIL'S FRANCHISING, INC.			
Principal Place of Business 5601 MANATEE AVENUE WEST BRADENTON, FL 34209		Mailing Address 5601 MANATEE AVENUE WEST BRADENTON, FL 34209	
DO NOT WRITE IN THIS SPACE			
		01182004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0731289	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALLIARAS, NICHOLAS 5601 MANATEE AVE W BRADENTON, FL 34209			DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	DPS		
NAME	MALLIARAS, NICHOLAS		
STREET ADDRESS	5601 MANATEE AVE W		
CITY-ST-ZIP	BRADENTON, FL 34209		
TITLE	DT		
NAME	MALLIARAS, STAVROS		
STREET ADDRESS	5601 MANATEE AVE W		
CITY-ST-ZIP	BRADENTON, FL 34209		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		1-21-04 941-35222	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	